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CONFIRMATION NO. 8541

|   |   |                                   |   |                                      |                                |
|---|---|-----------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/775,332  | <b>FILING OR 371(c) DATE</b><br>02/11/2004<br><b>RULE</b>   | <b>CLASS</b><br>221               | <b>GROUP ART UNIT</b><br>3651   | <b>ATTORNEY DOCKET NO.</b><br>25807X |                                |
| <b>APPLICANTS</b><br>Shlomit Chasid, Mazkeret Batya, ISRAEL;<br>Uri Zaidman, Kadima, ISRAEL;  |   |                                   |   |                                      |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/700,341 11/04/2003   |   |                                   |   |                                      |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |   |                                      |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/06/2004   |   |                                   |   |                                      |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>ISRAEL | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>44            | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>20529   |   |                                   |   |                                      |                                |
| <b>TITLE</b><br>Tissue dispensing cover   |   |                                   |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>1432  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |